

**Vermont Medicaid/Dr. Dynasaur/Pharmacy Eligibility
Expansions since 1986**

- 1986 Extended Medicaid eligibility for families that lose cash payments due to work.
- 1987 Raised income tests (Protected Income Levels (PILs)) to the maximum allowed under federal rules.
- Increased income tests for pregnant women and children under age 2 to 100 percent of the Federal Poverty Level (FPL).
- Added coverage for Katie Beckett children.
- Implemented a Home and Community-Based Services waiver for aged or disabled adults living at home but needing institutional-level care.
- 1988 Increased income tests to 185 percent of the FPL for pregnant women and infants (under age 1) and to 100 percent of the FPL for children at least age 1 and born after September 30, 1983.
- 1989 Eliminated Medicaid resource test for pregnant women and children born after September 30, 1983.
- Created the state-funded Dr. Dynasaur program that extended coverage with no resource test for pregnant women to 200 percent of the FPL and for children under age 7 to 225 percent of the FPL.
- Instituted Medicaid payments for the out-of-pocket costs of Medicare-covered services for Medicare participants that pass federally set income (100 percent of the FPL) and resource tests (Qualified Medicare Beneficiaries (QMBs)).
- Created the state-funded VScript program to assist low-income elderly and disabled individuals up to 175 percent of the FPL in the purchase of maintenance drugs.
- 1990 Increased Medicaid income tests for children age 1 through 5 to 133 percent of the FPL.
- 1992 Incorporated the state-funded Dr. Dynasaur program into the Medicaid program by increasing the Medicaid income test for children younger than age 18 to 225 percent of the FPL; eliminating the Medicaid resource test for all children younger than 18; and increasing the Medicaid income test for pregnant women to 200 percent of the FPL.
- Created HIV/AIDS Insurance Assistance Program.
- 1995 Obtained authorization under Act 14 approved by the Vermont General Assembly and through an 1115 waiver to Title XIX of the Social Security Act from the Health Care Financing Administration (HCFA) for the creation of the Vermont Health Access Plan (VHAP). This proposed to expand medical coverage to certain previously uninsured

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Vermonters (VHAP) and create a pharmacy program to provide pharmacy assistance to low-income, elderly or disabled Vermonters covered by Medicare (VHAP Pharmacy).

Added a Home and Community-Based Services waiver for those with Traumatic Brain Injury (TBI).

- 1996 Implemented VHAP and VHAP Pharmacy for qualified individuals up to 100 percent of the FPL in January.

Increased the VHAP and VHAP Pharmacy income tests to 150 percent of the FPL in November.

- 1998 Increased the income test for underinsured children up to 300 percent of the FPL under Medicaid and uninsured children up to 300 percent of the FPL under the State Children's Health Insurance Program (SCHIP).

- 1999 Increased the VHAP income test to 185 percent of the FPL for parents or caretaker relatives with dependent children in their households.

Incorporated the existing state-funded VScript program for coverage of maintenance drugs into the VHAP Pharmacy program by increasing the VHAP Pharmacy income test to 175 percent of the FPL.

Created the Community Rehabilitation and Treatment (CRT) Program, a coordinated care program for long-term behavioral health services, and expanded VHAP coverage to adults enrolled in the CRT Program whose income exceeds 150 percent of the FPL due to employment income.

- 2000 Implemented an expansion to the state-funded VScript program for coverage of maintenance drugs by increasing the income test to 225 percent of the FPL.

Added eyeglasses and the services necessary to obtain them to the VHAP Pharmacy benefit.

Obtained approval for the VHAP Pharmacy Discount Program (VHAP-PDP) permitting beneficiaries to purchase prescription drugs at a discount based on the Medicaid fee schedule and the rebate received by the State from drug manufacturers.

- 2001 VHAP-PDP implemented January. Coverage available to Medicare beneficiaries with household incomes greater than 150 percent of the FPL and other individuals having household incomes up to 300 percent of the FPL. Eligibility limited to those who do not have prescription drug insurance. Ended June 30 as a result of a federal court decision.